

List/Labels Request Form

(This form is not required if all information is included in a written request!)

The fee for list/labels of social workers is \$100. Please send check or money order made payable to NDBSWE.

Person requesting list _____

Organization or business name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

.....
I request the following:

Purpose of the list (Please mark one):

Continuing Education Employment Recruiting Research Other - _____

License levels (Please mark as many as necessary): LSW LCSW LICSW

List/label order (Please mark one):

Alphabetical License number Zip code No order Other - _____

Format (For disk or email, please indicate Excel, delimited, or fixed format. If not specified, file will be sent in Excel format) (Please mark one):

Mailing Labels Paper List 3 ½ Floppy disk – _____ Email – _____

List/labels sent to (Please mark one):

Email address listed above Address listed above Address listed below

Name _____ Business _____

Address _____ City _____ State _____ Zip _____

Please send your request with the correct fee to:

NDBSWE
PO Box 914
Bismarck, ND 58502

Please contact the Board office at 701-222-0255 or ndbswe@aptnd.com if you have any questions.